

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

FOR OFFICIAL USE ONLY

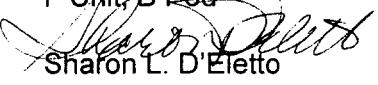
78832

GRIEVANCE NUMBER

DATE: March 18, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, B Pod

FROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
  - b. DC-ADM 802-Administrative Custody Procedures
  - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78832  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon D. Elletts	FACILITY: SCI GREENG	DATE: 03/16/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: Relief requested (PERMANENT SEPARATION FROM CIO STICKLES)	HOUSING ASSIGNMENT: RHU FB-7	
INSTRUCTIONS: CIO STICKLES		
<ol style="list-style-type: none"> <li>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</li> <li>2. State your grievance in Block A in a brief and understandable manner.</li> <li>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</li> </ol>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>Today CIO STICKLES came to my cell door and stand there and stare at me for approximately 2 minutes. I asked CIO STICKLES why he was just standing at my cell door and staring at me. CIO STICKLES said "you look like a woman" and that he was doing his rounds. I will repeat again, I am not a homosexual and will never become a homosexual. I would like a very, very permanent separation from CIO STICKLES and this sexual harassment to stop.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I reported to Sgt. Santoyo on 03/02/04 and 03/05/04 CIO STICKLES conduct. I also went to CIO STICKLES a request on 03/12/04 and informed Mr. Ivan of CIO STICKLES behavior on 03/12/04; and I have refused to accept a high protein diet from CIO STICKLES or make any agreement with CIO STICKLES.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

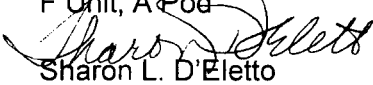
FOR OFFICIAL USE ONLY

78227

GRIEVANCE NUMBER

DATE: March 11, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, A PodFROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. \_\_\_\_ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. \_\_\_\_ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. \_\_\_\_ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. \_\_\_\_ Group grievances are prohibited.
5.  X  **The grievance was not signed and/or dated.**
6. \_\_\_\_ Grievances must be legible and presented in a courteous manner.
7. \_\_\_\_ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. \_\_\_\_ Grievances based upon different events shall be presented separately.
9. \_\_\_\_ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. \_\_\_\_ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. \_\_\_\_ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. \_\_\_\_ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

cc: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78227

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>SCI-GREENE</i>	FACILITY: <i>SCI-GREENE</i>	DATE: <i>03/10/04</i>
FROM: (INMATE NAME & NUMBER) <i>DERRICK RANKINE EU5850</i>	SIGNATURE OF INMATE: <i>Derrick Rankine</i>	
WORK ASSIGNMENT: <i>#1153/dry relief requested and RTH FA-7</i>	HOUSING ASSIGNMENT:	
INSTRUCTIONS: <i>PERMANENT SEPARATION FROM CIO STICKLES.</i>		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p><i>On 03/10/04, CIO Strickles called me "Stinking Rankine" and "A piece of shit" without provocation or justification. Because I rejected CIO Strickles homosexual advances. During the period 03/01/04 to 03/05/04, CIO Strickles, began giving me a high protein diet, told me that "he and I had an understanding or agreement" about returning my property and about me getting showers, toothpaste and soap. I informed CIO Strickles that I was NOT a homosexual and will NEVER become a homosexual; since I would rather die than to engage in a homosexual relationship and that I have, and had no agreement with him or any other staff member and that I NEVER will make any agreement with any staff member more than to respect all staff member and demand respect from all staff member at all time.</i></p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p><i>I informed Sgt. Santiago on 03/02/04 and 03/04/04 of CIO Strickles homosexual's and insulting overtures and that CIO Strickles was giving me a high protein diet and that CIO Strickles refused to give me my property, soap, toothpaste and shower from 03/01/04 to NOW because I refused to have a homosexual relationship with him. Informed Mr.</i></p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804. *Z Van 03/10/04.*

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

S/A-GRN.001  
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
SCI GREENE  
OFFICE OF THE SUPERINTENDENT  
724-852-2902**

**March 19, 2004**

**SUBJECT:** Appeal of Rejected Grievance 78227

**TO:** Mr. Rankin EU 5850  
I Unit, B Pod

**FROM:**   
Louis S. Folino  
Superintendent

I am in receipt of your 03/16/04 appeal of the Grievance Coordinator's rejection of Grievance Number 78227. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/11/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

**Attach.:** Rejected Grievance Number 78227

**CC:** Deputies' Complex (1)  
CSA Grievance File at 78227  
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 78227.03-19-04)



DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78227  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <b>SCI-GREENE</b>	FACILITY: <b>SCI-GREENE</b>	DATE: <b>03/10/04</b>
FROM: (INMATE NAME & NUMBER) <b>DERRICK RANKINE EU5850</b>	SIGNATURE OF INMATE: <b>Derrick Rankine</b>	
WORK ASSIGNMENT: <b>#1153/dry relief requested and</b>	HOUSING ASSIGNMENT: <b>RHY FA-7</b>	

INSTRUCTIONS: **PERMANENT SEPARATION FROM C/O STICKLES**

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/10/04, C/O Strickles called me "Stinking Rankine" and "A piece of shit" without provocation or justification. Because I rejected C/O Strickles homosexual advances. During the period 03/01/04 to 03/05/04, C/O Strickles, began giving me a high protein diet, told me that "he and I had an understanding or agreement" about returning my property and about me getting showers, toothpaste and soap. I informed C/O Strickles that I was not a homosexual and will never become a homosexual; since I would rather die than to engage in a homosexual relationship and that I have, and had no agreement with him or any other staff member and that I never will make any agreement with any staff member more than to respect all staff member and demand respect from all staff member at all time.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt. Santoyo on 03/02/04 and 03/04/04 of C/O Strickles homosexual and insulting overtures and that C/O Strickles was giving me a high protein diet and that C/O Strickles refused to give me my property, soap, toothpaste and shower from 03/01/04 to now because I refused to have a homosexual relationship with him. I informed Mr.

Your grievance has been received and will be processed in accordance with DC-ADM 804. **ZVAN 03/10/04**

Signature of Facility Grievance Coordinator

Date

10377

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS	
GRIEVANCE Appeal # 78227		Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) SUPERINTENDENT Polino		2. Date: 03/16/04	
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU5850 Derrick Rankine Inmate Signature		4. Counselor's Name Mr. Ivan	
		5. Unit Manager's Name Captain Hall	
6. Work Assignment \$1153/day RELIEF requested		7. Housing Assignment RHU PB-7	
8. Subject: State your request completely but briefly. Give details.			
<p>On 02/23/04 and 02/24/04, CIO STICKLES said to me "You ARE still a piece of shit repeatedly without provocation or justification."</p> <p>During the period 03/02/04 to 03/10/04, CIO STICKLES kept giving me a high protein diet with sugars on my dinner tray. On 03/02/04 and 03/05/04, I reported this to Sgt. Santoro. At which point CIO STICKLES told me that he and I have an agreement. I had no agreement and NEVER will have any agreement with any members of your STAFF period.</p> <p>I informed CIO STICKLES that I am not a homosexual and will NEVER become a homosexual. 2) That all staff members are only required to do their job and if they do their jobs then I will respect them and I will do my best to earn their respect. On 03/10/04 CIO STICKLES called me "stinking RANKINE and a piece of shit, without provocation or justification, in retaliation for the above. I would like a permanent separation from CIO STICKLES, plus a check for \$10,377 for mental distress as I was humiliated, embarrassed, felt demeaned and degraded by CIO STICKLES on orders from Captain Hall and you. I thank you in advance for your time co-operation and consideration in this matter."</p> <p>Respectfully, Your Servant In Christ JESUS my Lord.</p>			
To DC-14 CAR only <input type="checkbox"/> Derrick Rankine		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name \_\_\_\_\_ / \_\_\_\_\_  
 Print Sign Date \_\_\_\_\_

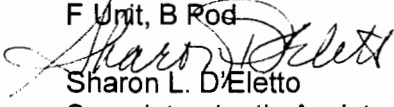
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

FOR OFFICIAL USE ONLY
79149
GRIEVANCE NUMBER

DATE: March 22, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, B Rod

FROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
  - b. DC-ADM 802-Administrative Custody Procedures
  - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE  
DC-15



DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79149  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI GREENE	DATE: 03/21/04
FROM: (INMATE NAME & NUMBER) Jemick Rankine EU5850	SIGNATURE OF INMATE: Jemick Rankine	
WORK ASSIGNMENT: \$1553/day relief requested.	HOUSING ASSIGNMENT: B-7 RHU	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/04/04 I sent a request to Captain Hall asking for 400 writing sheets, 50 carbon papers, 10 pens, 10 manila envelopes, use of a stapler and use of the copy machine to prepare my briefs and mail them to the courts.

On 03/12/04 I gave Mr. Evan a list for the above material. On 03/18/04 I asked Mr. Evan for the above supplies again. On 03/12/04 I sent a request to the business manager asking for the above supplies yet I have not received the above supplies as yet. On 03/18/04 I sent a request to Mrs. Higgins asking for the above supplies to no avail.

B. List actions taken and staff you have contacted, before submitting this grievance.

From 01/20/04 I have requested the above supplies weekly from Captain Hall, PRC/Deputy Jackson, Superintendent Folino to no avail. I file a grievance and appeal to Camp Hill and sent a Motion to the Superior Court and the United States District Court, Governor Rendell and Congressman Chaffetz to compel SCI GREENE staff to give me these supplies immediately.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date


WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

S/A-GRN.001  
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
SCI GREENE  
OFFICE OF THE SUPERINTENDENT  
724-852-2902**

**February 17, 2004**

**SUBJECT:** Appeal of Grievance 74129

**TO:** Mr. Rankin [REDACTED]  
I Unit, B Pod  
**FROM:**   
Louis S. Folino  
Superintendent

I am in receipt of your 02/12/04 appeal of Grievance Number 74129.

If this issue is important to you, please use your name of commitment and re-submit within 5 days.

Your instant appeal is dismissed

**Attach.:** Grievance Number 74129

**CC:** Deputies' Complex (1)  
CSA Grievance File at 74129  
DC-15 EU 5850

(inmate 2004\grievances\appeal correspondence\EU 5850 Rankin and Grievance Number 74129.02-17-04)


COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

FOR OFFICIAL USE ONLY 79148 GRIEVANCE NUMBER
--

**DATE:** March 22, 2004

**SUBJECT:** Grievance Rejection Form

**TO:** Mr. Rankin, EU-5850  
F Unit, B Rod

**FROM:**   
Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
  - b. DC-ADM 802-Administrative Custody Procedures
  - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE  
DC-15



DC-804  
Part 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

19148  
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 03/19/04
FROM: (INMATE NAME & NUMBER) Derrick Rankine EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1553/day relief requested	HOUSING ASSIGNMENT: RHU FIB-7	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since Monday 03/15/04, I am without a pen. I asked CIO Stickles for a pen on Tuesday, Wednesday, Thursday and today, and CIO Stickles refused to give me a pen because I refused to have a homosexual relationship with him and reported him to Sgt. Santiago. For giving me a High Protein Tray with sugar on this dinner tray and that I don't wish to be a friend of any man period. CIO Stickles told me that told me that he will not give me a pen, razor, soap or ointment unless I become his friend. I would like a permanent separation from CIO Stickles, this is my third request to you all.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt. Santiago and Greggo of all the above and on 03/17/04 Sgt. Conner told me that I would be leaving this pod on 03/18/04; since I am not on any observation. I also sent requests to PRC and Superintendent Folino and filed a grievance above the above. I also sent a letter to Judge Baxter and Secretary Beard.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

I asked for a pen on 03/15/04 to 03/17/04 to 03/19/04




COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

DATE: March 25, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, B Pod

FROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

FOR OFFICIAL USE ONLY  
79523  
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. \_\_\_\_\_ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. \_\_\_\_\_ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. \_\_\_\_\_ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. \_\_\_\_\_ Group grievances are prohibited.
5.  X  **The grievance was not signed and/or dated.**
6. \_\_\_\_\_ Grievances must be legible and presented in a courteous manner.
7. \_\_\_\_\_ The grievance exceeded the two (2) page limit. Description needs to be brief.
8.  X  **Grievances based upon different events shall be presented separately.**
9. \_\_\_\_\_ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. \_\_\_\_\_ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. \_\_\_\_\_ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. \_\_\_\_\_ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79523

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 03/24/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: 81000 day relief requested.	HOUSING ASSIGNMENT: FIB-7	

**INSTRUCTIONS:**

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

**A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.**

From 02/22/04, I have been confined in a cell without a desk or chair, without shower, without a changed of clothing from 02/22/04 to 03/07/04, without food from 02/22/04 to 03/01/04, without access to the yard or law library from 02/22/04 to 03/24/04, yet on 03/22/04, I was stripped searched by C/O Coy and C/O Schnap then denied yard because I refused to be "Nice and Friendly" to C/O Coy and Schnap why in the nude. I was forcibly stripped searched by C/O Coy and C/O Schnap.

**B. List actions taken and staff you have contacted, before submitting this grievance.**

I asked to speak to Sgt. Conner on 02/22/04, who ran off the pod then pressed the button and asked to speak with RHU Lt or Captain Hall to no avail then informed Mr Zvan on 02/22/04.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

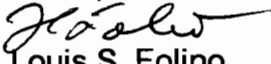
Revised  
December 2000

S/A-GRN.001  
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
SCI GREENE  
OFFICE OF THE SUPERINTENDENT  
724-852-2902**

**March 31, 2004**

**SUBJECT:** Appeal of Rejected Grievance 79523

**TO:** Mr. Rankin EU 5850  
F Unit, B Pod  
  
**FROM:** Louis S. Folino  
Superintendent

I am in receipt of your 03/28/04 appeal of the Grievance Coordinator's rejection of Grievance Number 79523. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/25/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

**Attach.:** Rejected Grievance Number 79523

**CC:** Deputies' Complex (1)  
CSA Grievance File at 79523  
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 79523.03-31-04)

3/30

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
<b>INMATE'S REQUEST TO STAFF MEMBER</b> <b>GRIEVANCE APPEAL</b> <b>#79523</b>		<b>INSTRUCTIONS</b> Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Superintendent Folino		2. Date: 03/28/04	
3. By: (Print Inmate Name and Number) Derrick Rankine, EU 5850 Derrick Rankine Inmate Signature		4. Counselor's Name Mr. Ivan	
		5. Unit Manager's Name Captain Hall	
6. Work Assignment \$1553/day relief requested.		7. Housing Assignment RAU FIB-7.	
8. Subject: State your request completely but briefly. Give details.			
Again, my grievances were always signed and dated so the grievance officer needs glasses or to stop using the drugs that he is using. There were no one drug presented on this grievance but the grievance officer was given the per logs and continuous abuses that I have been subjected since 01/20/04, without provocation or justification. From 02/22/04, I have been confined in a cell without a desk and chair, without a shower, soap, toothpaste, pen etc. From 02/22/04 to 03/07/04, without any of my legal, mail, religious or educational property. From 02/22/04 to 03/01/04, with food, medication or medical attention. From 02/22/04, with access to the law library. From 02/24/04, with heat, clothing, thermal undergarments, and access to the yard. Yet on 03/22/04, I was forcibly stripped, searched by Clocou and Schnap then denied yard because I was "Not Nice and Friendly" to Clocou and Schnap while nude. I asked to speak to Sgt. Conner and Sgt. Conner ran off the yard. I also pressed the emergency button and asked to speak to the RAU Lt. or Captain Hall, to no avail. I then informed Mr. Ivan of this on 03/22/04. Respectfully, Derrick Rankine			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
 Print Sign



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

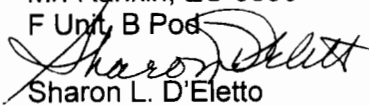
FOR OFFICIAL USE ONLY

79524

GRIEVANCE NUMBER

DATE: March 25, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, B PodFROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. \_\_\_\_ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. \_\_\_\_ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. \_\_\_\_ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. \_\_\_\_ Group grievances are prohibited.
5. X **The grievance was not signed and/or dated.**
6. \_\_\_\_ Grievances must be legible and presented in a courteous manner.
7. \_\_\_\_ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. \_\_\_\_ Grievances based upon different events shall be presented separately.
9. \_\_\_\_ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. \_\_\_\_ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. \_\_\_\_ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. \_\_\_\_ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79524  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Delella	FACILITY: SCZ GREENE	DATE: 03/24/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINS EU 5850	SIGNATURE of INMATE: Derrick Rankins	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU FB-7	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/21/04, C/O HENDERSEN have consistently refused to GIVE ME A PEN, SHOWER, TOOTH PASTE and A SHOWER, IN RETALIATION FOR FILING JUSTIFIABLE GRIEVANCE AGAINST C/O STICKLES.

According to C/O HENDERSEN "You must withdraw all grievances against all staff members and do what C/O STICKLES want you to do 'Nigger' and 'Why do you think you are better than the others?'" Today C/O HENDERSEN CLAIMED "You are not indigent" and that "there are no pens in the RHU." I would like a permanent separation STICKLES and HENDERSEN.

B. List actions taken and staff you have contacted, before submitting this grievance.

On 03/22/04, I informed Mr. Ivan and Mr. Ivan informed C/O HENDERSEN that I was indigent and that he was to give me my supplies; yet 03/24/04 C/O HENDERSEN again refused to GIVE ME my supplies. I would like protective custody from C/O HENDERSEN.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

S/A-GRN.001

Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
SCI GREENE  
OFFICE OF THE SUPERINTENDENT  
724-852-2902**

**March 31, 2004**

**SUBJECT:** Appeal of Rejected Grievance 79524

**TO:** Mr. Rankin EU 5850  
F Unit, B Pod

**FROM:**   
Louis S. Folino  
Superintendent

I am in receipt of your 03/28/04 appeal of the Grievance Coordinator's rejection of Grievance Number 79524. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/25/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

**Attach.:** Rejected Grievance Number 79524

**CC:** Deputies' Complex (1)  
CSA Grievance File at 79524  
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 79524.03-31-04)



Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
<b>INMATE'S REQUEST TO STAFF MEMBER</b>		<b>INSTRUCTIONS</b> Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Superintendent Folino</u>		2. Date: <u>03/28/04</u>	
3. By: (Print Inmate Name and Number) <u>DERRICK RANSINE EU 5850</u> <u>Derrick Ransine</u> Inmate Signature		4. Counselor's Name <u>Mr Ivan</u>	
6. Work Assignment <u>\$255/day relief requested</u>		5. Unit Manager's Name <u>Captain Hall</u>	
7. Housing Assignment <u>RHU FIB-7</u>		7. Housing Assignment	
8. Subject: State your request completely but briefly. Give details. <p>THE GRIEVANCE OFFICER MUST BE BLIND OR JUST PLAIN STUPID, MY GRIEVANCES WERE ALWAYS SIGNED AND DATED. MY NAME IS, WAS AND WILL ALWAYS BE DERRICK ANTHONY RANSINE AND THAT IS THE ONLY WAY I WILL EVER SPELL OR SIGN MY NAME SO YOU WOULD BETTER CORRECT MY NAME OR I WILL MAKE THE COURTS FORCE YOU TO CORRECT THE SPELLING OF MY FATHER'S NAME.</p> <p>NOW, SINCE 03/21/04, C/O HENDERSEN HAVE CONSISTENTLY REFUSED TO GIVE ME A PEN, A SHOWER, TOOTH PASTE SOAP, LOTION AND OINTMENT IN RETALIATION FOR FILING JUSTIFIABLE GRIEVANCES AGAINST C/O STICKLES. ACCORDING TO C/O HENDERSEN &amp; YOU MUST WITHDRAW ALL GRIEVANCES AGAINST ALL STAFF MEMBERS AND DO WHAT C/O STICKLES WANT YOU TO DO "NIGGER" AND WHY DO YOU THINK YOU ARE BETTER THAN THE "OTHERS"? TODAY 03/24/04, C/O HENDERSEN CLAIMED "YOU ARE NOT INDIGENT" AND THERE ARE NO PENS IN THE RHU. I INFORMED SGT AGOSTINO, LEEGO CONNER AND LUBBO OF THE ABOVE AND MR. IVAN TOLD C/O HENDERSEN THAT I</p> <p>IVAN ALSO TOLD C/O HENDERSEN "THAT I WAS INDIGENT AND THAT C/O HENDERSEN WAS TO GIVE ME MY SUPPLIES" YET C/O HENDERSEN CONSISTENTLY REFUSED TO GIVE ME MY SUPPLIES. I WOULD LIKE A PERMANENT SEPARATION FROM C/O HENDERSEN AND STICKLES AND BLAISE AT THIS TIME WITH C/O ANDERSON.</p> <p>I WOULD LIKE A SOAP, SOME OINTMENT, A SHOWER AND REPLACEMENT PENS FOR MY TWO EMPTY PENS, AND AN INDIGENT SIGN ON MY DOOR. ALSO I NEED 4 BARS OF SOAP SINCE I HAVE NOT RECEIVED A SHOWER SINCE 02/19/04. (SIGNED FULLY)</p> <p><u>Derrick Ransine</u></p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name \_\_\_\_\_ / \_\_\_\_\_  
 Print Sign Date



DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79524  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Delella	FACILITY: SCZ GREENE	DATE: 03/24/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKING BU 5850	SIGNATURE OF INMATE: Derrick Ranking	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU FB-7	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/21/04, C/O HENDERSEN HAVE CONSISTENTLY REFUSED TO GIVE ME A PEN, SHOWER, TOOTH PASTE AND A SHOWER; IN RETALIATION FOR FILING JUSTIFIABLE GRIEVANCE AGAINST C/O STICKLES.

According to C/O HENDERSEN "You must withdraw all grievances against all staff members and do what C/O STICKLES want you to do 'Nigger' and 'Why do you think you are better than the others?' Today C/O HENDERSEN CLAIMED 'You are not indigent and that there are no pens in the RHU.' I would like a permanent separation STICKLES and HENDERSEN

## B. List actions taken and staff you have contacted, before submitting this grievance.

On 03/22/04, I informed Mr. Zivan and Mr. Zivan informed C/O HENDERSEN that I was indigent and that he was to give me my supplies; yet 03/24/04 C/O HENDERSEN again refused to give me my supplies. I would like protective custody from C/O HENDERSEN

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

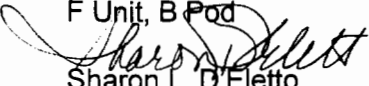
FOR OFFICIAL USE ONLY

79871

GRIEVANCE NUMBER

DATE: March 30, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, B PodFROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79871

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <b>SCT-GREENE</b>	FACILITY: <b>SCT-GREENE</b>	DATE: <b>08/29/04</b>
FROM: (INMATE NAME & NUMBER) <b>DERRICK RANKINE EU5850</b>	SIGNATURE OF INMATE: <b>Derrick Rankine</b>	
WORK ASSIGNMENT: <b>\$1500 day relief requested</b>	HOUSING ASSIGNMENT: <b>RHU FIB-7</b>	
<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> <li>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</li> <li>2. State your grievance in Block A in a brief and understandable manner.</li> <li>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</li> </ol> <p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p><b>SINCE 08/02/04, I HAVE BEEN GIVEN COFFEE WITH SPIT IN IT BY C/O HENRY, COY, THOMPSON, MOONEY, BOWEN ENGELHARDT, JORDAN AND GOT CONNER AND C/O STUMP. I WOULD LIKE A PERMANENT SEPARATION FROM ALL THE ABOVE INDIVIDUALS. I HAVE ALREADY REQUEST A SEPARATION ORDER FROM THE UNITED STATES DISTRICT COURT</b></p> <p><b>Nothing Follows</b></p> <p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p><b>I SENT A REQUEST TO CAPTAIN HALL, INFORMED MR. IVAN AND ALL MEDICAL STAFF AND SIGNED MYSELF OFF MY DIET. I ALSO SENT A REQUEST TO PRC/DEPUTY JACKSON AND TO SUPERINTENDENT FALINO, YET THE INSIPID AND DESPICABLE ACTION CONTINUES--</b></p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE


FOR OFFICIAL USE ONLY

79870

GRIEVANCE NUMBER

DATE: March 30, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, B PodFROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☒ **Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:**
  - a. **DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.**
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD:tls

cc: FILE  
DC-15



DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79870

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 03/29/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$120,000 RELIEF REQUESTED	HOUSING ASSIGNMENT: RHU FIB-7	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 02/25/04, I WAS GIVEN A MISCONDUCT AND A HEARING THE SAME AND SENTENCE TO 120 DAY DC TIME. On 03/04/04, I SENT MY APPEAL TO PRC, BY CLO STICKLES, YET I HAVE RECEIVED NO RESPONSE FROM THE PRC AS YET.

## B. List actions taken and staff you have contacted, before submitting this grievance.

On 03/20/04, I FILED AN APPEAL BY CLO ENGELHART TO SUPERINTENDENT FOLINO. On 03/28/04 CLO BOWEN TOOK ANOTHER REQUEST TO PRC FROM ME ASKING FOR PRC REQUEST RESPONSE TO MY MISCONDUCT APPEAL AND I SENT AN APPEAL TO O.P.R. and SECRETARY BEARD.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

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79970

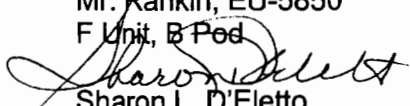
GRIEVANCE NUMBER

DATE: March 31, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850

F Unit, B Pod

FROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
  - b. DC-ADM 802-Administrative Custody Procedures
  - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☒ **The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.**
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

**Additional Comments:**

SLD/ack

CC: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79970  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Ms. Sharon L. Dellello	FACILITY: SCI Greene	DATE: 03/13/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU PB-1	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/08/04, I HAVE BEEN asking CIO Blake CIO Stickle and Sgt. Santoyo for a pen, a soap, toothpaste and a toothbrush. CIO Stickle wants me to become his friend and have an agreement with him. CIO Blake told me that we have to work this out together, both officers refused to give me these supplies. Today I was informed by CIO Anderson that I was not on the indigent list. I informed CIO Anderson that I have been indigent since March 23, 2000; and show him a letter from Lt. Gumbarevic proving that I am indigent. CIO Blake again repeated his demand "we have to work this out together".

## B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt. Santoyo on 03/10/04 and 03/11/04 that I was indigent and of these remarks by CIO Blake and CIO Stickle. I do not wish to work out anything with CIO Blake and I will never be a friend of CIO Stickle, since I am not a homosexual and NEVER will be a faggot. I am a Criminal.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

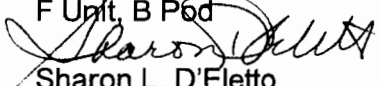
WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

**DATE:** March 31, 2004

**SUBJECT:** Grievance Rejection Form

**TO:** Mr. Rankin, EU-5850  
F Unit, B Pod

**FROM:**   
Sharon L. D'Eletto  
Superintendent's Assistant

FOR OFFICIAL USE ONLY 79971 GRIEVANCE NUMBER
--

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
  - b. DC-ADM 802-Administrative Custody Procedures
  - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☒ **The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.**
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

**Additional Comments:**

SLD/ack

CC: FILE  
DC-15



DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79971

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <b>SCI-GREENE</b>	FACILITY: <b>SCI-GREENE</b>	DATE: <b>03/06/04</b>
FROM: (INMATE NAME & NUMBER) <b>DERRICK RANKINE EU 5850</b>	SIGNATURE OF INMATE: <i>Derrick Rankine</i>	<i>Rec 03/21/04</i>
WORK ASSIGNMENT: <b>\$1553 day relief requested</b>	HOUSING ASSIGNMENT: <b>BHU/FA-7.</b>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/05/04, I WAS MOVED From FB-7 to FA-7. I continued to asked For a blanket, two sheets 2 towels, soap, wash rags and A change of clothing With my property to NO Avail.

On 03/06/04, I WAS Forcible stripped searched and my cell WAS SEARCHED, my mattress and pillow WAS REMOVED From my cell by Sgt. Santoyo.

I was told by CIO BLAKE that Dr. Sacks told him Not to GAVE ME any of my property, toothpaste toothbrush, pen, sheets, blanket, soap or change of clothing, UNDERWEARS or my legal property ect.

B. List actions taken and staff you have contacted, before submitting this grievance.

I spoke to Dr. Sacks on 02/24/04, 02/25/04, 02/26/04, 03/01/04, 03/03/04, 03/04/04 and Dr. Sacks told me that I WAS in the observation cell by security; and that he dont know why I HAVE NOT RECEIVED All my pro perty From 02/23/04. I asked asked to DEE and speak to Mr. Ivan daily to NO Avail.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

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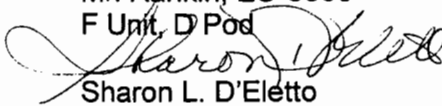
80901

GRIEVANCE NUMBER

**DATE:** April 9, 2004

**SUBJECT:** Grievance Rejection Form

**TO:** Mr. Rankin, EU-5850  
F Unit, D Pod

**FROM:**   
Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
  - b. DC-ADM 802-Administrative Custody Procedures
  - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☒ **The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.**
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

**Additional Comments:** The Grievance Coordinator cannot adequately review your grievance as you have not provided a date on which the issue in question is alleged to have occurred. If this grievance issue is still of concern to you, please supply a date or dates on which the issue occurred and resubmit the grievance form using the same grievance number provided on the grievance form. Please resubmit the corrected grievance form within five (5) working days. DO NOT USE A GRIEVANCE NUMBER FOR ANY OTHER ISSUE.

SLD/djk

CC: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

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80901

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <b>Sharon Delella</b>	FACILITY: <b>SCT-GREENG</b>	DATE: <b>01/08/04</b>
FROM: (INMATE NAME & NUMBER) <b>DERRICK RANKINE EU5850</b>	SIGNATURE OF INMATE: <b>Derrick Rankine</b>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <b>RHU FID 9</b>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

*When* Since Monday I HAVE BEEN DENIED ALL MEDICAL ATTENTION and my benadryl, which caused my body to itch all over, and due to this itching I am unable to sleep. For example I have been up from 12:30 AM and is unable to go back to sleep due to this itching.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed the bubble (C/O) Henry, Coy, Schnap, Johnson and a Lt. plus the Jewish Rabbi and then took all my medications that were in my cell, which stopped the itching. I have been pressing the EMERGENCY button repeatedly from 12:30 AM today and asked to see a doctor. I saw the PA and informed him of this on 01/06/04, 01/07/04, and 01/08/04.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
SCI GREENE  
OFFICE OF THE SUPERINTENDENT  
724-852-2902  
April 14, 2004**

**SUBJECT:** Appeal of Rejected Grievance 80901

**TO:** Mr. Rankin, EU-5850  
F Unit, B Pod

**FROM:**   
Louis S. Folino  
Superintendent

I am in receipt of your 4/12/04 appeal of the Grievance Coordinator's rejection of Grievance number 80901. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 4/8/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

**Attach:** Grievance Appeal 80901

LSF/tls

**Cc:** Deputies  
CSA Grievance File at 80901  
DC-15 EU-5850



4/13

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER GRIEVANCE Appeal # 80901		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Superintendent Folino		2. Date: 04/12/04	
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU 5850 <u>Derrick Rankine</u> Inmate Signature		4. Counselor's Name Mr. Ivan	
		5. Unit Manager's Name Captain Hall	
6. Work Assignment \$1000 day relief requested		7. Housing Assignment RHU FIB-9	
8. Subject: State your request completely but briefly. Give details.			
<p>Since Monday 04/05/04, I have been denied all medical attention and my benadryl, which caused my body to itch all over and due to this itching I am unable to sleep. For example on 04/08/04, I was up from 12:30 AM and did not go back to sleep because of this severe itching. I informed the bubble, Clutter, Coy, Schnap, Johnson and RHULE plus the Jewish Rabbi and took all my medications that were in my cell, which stopped the itching temporarily. I have pressed the emergency button repeatedly from 12:30 AM on 04/08/04 and asked to see a doctor or to be taken to medical to no avail. I saw a Physician Assistance on 04/06/04, 04/07/04 and 04/08/04. Yet I was not given any medications to stop this itching until 04/09/04.</p> <p>On 04/09/04, I was given 25mg of benadryl at approximately 7pm when I needed 75mg. I was on 75mg up to 04/10/04. I was later informed that Dr. Conn took me off my benadryl without any consultation with me. I never asked to be taken off my medications. I was tortured, to be tortured at this time. I would like you to place a check for \$5000 on my inmate account for my pain and suffering from 04/05/04 to 04/10/04. I thank you in advance for your time, co-operation and consideration in this matter, and look forward to working with you and your staff in a productive and constructive manner.</p> <p>N.B. Today while you were on this pad, I called you to show you letters from the Court with the correct spelling of my name.</p> <p>Respectfully, Your Brother &amp; Servant In Christ Jesus my LORD and GOD!</p> <p>Derrick Rankine</p>			
To DC-14 CAR only <input type="checkbox"/> NINE and you ran.		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Sign

Date

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80901

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <b>Sharon Deleto</b>	FACILITY: <b>SCI-GREENG</b>	DATE: <b>04/08/04</b>
FROM: (INMATE NAME & NUMBER) <b>JERRICK RANKINE EU5850</b>	SIGNATURE OF INMATE: <b>Jerrick Rankine</b>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <b>RH F109</b>	

**INSTRUCTIONS:**

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

**A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.**

*When* Since Monday I HAVE BEEN DENIED ALL MEDICAL ATTENTION and my benadryl, which caused my body to itch all over, and due to this itching I am unable to sleep. For example I have been up from 12:30 AM and is unable to go back to sleep due to this itching.

**B. List actions taken and staff you have contacted, before submitting this grievance.**

I informed the bubble (C/O) Henry, Coy, Schnap, Johnson and a Lt. plus the Jewish Rabbi and then took all my medications that were in my cell, which stopped the itching. I have been pressing the EMERGENCY button repeatedly from 12:30 AM today and asked to see a doctor. I saw the PA and informed him of this on 04/06/04, 04/07/04, and 04/08/04.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE


FOR OFFICIAL USE ONLY

80093

GRIEVANCE NUMBER

DATE: April 1, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, B PodFROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE  
DC-15



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY  
80093  
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon D. Elets	FACILITY: SCI GREENE	DATE: 03/31/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1153/day relief requested	HOUSING ASSIGNMENT: RHU FIB-7	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 02/22/04, CIO Bowen, Henry, Coy, Thompson, Mooney, Schnap, Stickles, Blaker, Anderson and Henderson have been denying me, grievances, requests to staff toilet tissues, pens, soaps, toothpaste, ointment, showers, yard, access to the law library, the use of a stapler, etc. as retaliation for reporting CIO Manberry, Stephen, Rausenwinder, Blaker, Stickles, and Henderson for making homosexual demands on me. For example, today I asked CIO Bowen for 12 requests to staff, 12 cash slips and 4 sick call slip, 4 registered letter slips and 12 grievances. CIO Bowen said you don't need that many, then gave me 2 grievances, 2 requests to staff, 2 cash slips, no medical slip.

B. List actions taken and staff you have contacted, before submitting this grievance.

I explained to CIO Bowen that I need at least 20 requests to staff to file my backup grievance appeals. Since I was not given my property until 03/07/04 and have not received a pen from staff since 02/19/04, I do have a lot of backup appeals to file. CIO Bowen said, "don't appeal your grievances and things might get better for you." I slammed my tray shut and left, leaving my requests and grievances in the process.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy




S/A-GRN.001  
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
SCI GREENE  
OFFICE OF THE SUPERINTENDENT  
724-852-2902**

**April 5, 2004**

**SUBJECT:** Appeal of Rejected Grievance 80093

**TO:** Mr. Rankin EU 5850  
F Unit, D Pod  
  
**FROM:** Louis S. Folino  
Superintendent

I am in receipt of your 04/04/04 appeal of the Grievance Coordinator's rejection of Grievance Number 80093. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 04/01/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

**Attach.:** Rejected Grievance Number 80093

**CC:** Deputies' Complex (1)  
CSA Grievance File at 80093  
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 80093.04-05-04)

4/5

Form DC-135A  <b>INMATE'S REQUEST TO STAFF MEMBER</b> Grievance Appeal # 80093	Commonwealth of Pennsylvania Department of Corrections  <b>INSTRUCTIONS</b> Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) Superintendent Folino	2. Date: 04/04/04
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU5850 Derrick Rankine Inmate Signature	4. Counselor's Name Mr. Ivan 5. Unit Manager's Name Captain Hall
6. Work Assignment	7. Housing Assignment FID-9 RHU.
8. Subject: State your request completely but briefly. Give details. Since 02/22/04, C/O Bowen, Henry, COY, Thompson, Mooney, Schnappa, Stickles, Blaker, Anderson, HENDERSEN and Sgt Conner, have been denying me the requested requests to staff, cash slips, grievances, toilet tissues, pens, soap, toothpaste, ointment, showers, yard, and access to the law library and the used of a stapler; in retaliation for reporting C/O Manberry, Stephen, Rausenwinder, Blaker, Stickles and HENDERSEN for making and continues to make homosexual demands on me. For example: today, I asked C/O Bowen for 12 requests to staff, 12 grievances, 12 cash slips, 12 sick call, 12 registered letter receipts, C/O Bowen said you don't need that many, then gave me 2 grievances, 2 requests to staff, 2 cash slips, no medical slips, so my grievances and grievances appeal will be late. 1031 3110 On 04/04/04 I was given 2 grievances, 1 cash slip, no sick call or registered letter receipts and 8 requests to staff by C/O Conner. It is obvious your staff thinks if they denied me supplies then	
9. Response: (This Section for Staff Response Only) they can forced me to become a homosexual and be silent about their homosexual demands and threats and abuses. I will NEVER be silent, late but not silent. My name is DERRICK ANTHONY RANKINE; and my grievance was signed and dated correctly. My commitment name is DERRICK ANTHONY RANKINE since that is the only name I EVER USED, OR GAVE ANYONE. Respectfully Semi FE. Always Faithful. Derrick Rankine Always Faithful.	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
 Sign

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF CORRECTIONS  
 P.O. BOX 598  
 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY  
 80093  
 GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI GREENE	DATE: 03/31/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1153/day relief requested.	HOUSING ASSIGNMENT: RHU 113-7	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 02/22/04, CIO Bowen, Henry, Coy, Thompson, Mooney, Schnap, Stickles, Blaker, Anderson and Henderson have been denying me grievances, requests to staff toilet tissues, pens, soaps, toothpaste, ointment, showers, yard, access to the law library, the use of a stapler, etc. in retaliation for reporting CIO Manberry, Stephen, Rausenwinder, Blaker, Stickles, and Henderson for making homosexual demands on me. For example, today I asked CIO Bowen for 12 requests to staff, 12 cash slips and 4 sick call slip, 4 registered letter slips and 12 grievances. CIO Bowen said you don't need that many, then gave me 2 grievances, 2 requests to staff, 2 cash slips, no medical slips.

B. List actions taken and staff you have contacted, before submitting this grievance.

I explained to CIO Bowen that I need at least 20 requests to staff to file my backup grievance appeals. Since I was not given my property until 03/07/04 and have not received a pen from staff since 02/19/04, I do have a lot of backup appeals to file. CIO Bowen said "don't appeal your grievance and things might get better for you." I slammed my tray slot and left, taking my requests and grievances in the process.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy


OFFICE OF THE

DEPARTMENT OF CORRECTIONS  
SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

**DATE:** April 1, 2004

**SUBJECT:** Grievance Rejection Form

**TO:** Mr. Rankin, EU-5850  
F Unit, B Pod

**FROM:**   
Sharon L. D'Elitto  
Superintendent's Assistant

FOR OFFICIAL USE ONLY

80095

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE  
DC-15



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80095 8  
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

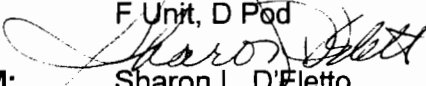
TO: FACILITY GRIEVANCE COORDINATOR Sharon D. Eleto	FACILITY: SCI GREENE	DATE: 03/31/04
FROM: (INMATE NAME & NUMBER) Derrick Rankine EU 5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000 day relief requested and all my mails	HOUSING ASSIGNMENT: RHU FIB-7	
INSTRUCTIONS: Plus a permanent deprivation from CIO Blaker and Bowen/Hendersen. 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. On 03/29/04, I gave CIO Cole 4 letters with 8 cash slips to be sent to the mail room. CIO Cole informed me that he signed my cash slip and placed my letters in the mail box. Now on 03/30/04 CIO Blaker he turn to me only two cash slips. When I asked for the other two cash slips, I was told that we have to work that out together by CIO Blaker.		
B. List actions taken and staff you have contacted, before submitting this grievance. I asked CIO Blaker for the next two cash slips and or my letters and I also asked to speak to the RHU Sgt. or Lt. to no avail. I pressed the emergency button and reported the above violation and I will be sending a request to the mailroom supervisor.		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

**DATE:** April 9, 2004  
**SUBJECT:** Grievance Rejection Form  
**TO:** Mr. Rankin, EU-5850  
F Unit, D Pod  
**FROM:**   
Sharon L. D'Eletto  
Superintendent's Assistant

FOR OFFICIAL USE ONLY 80902 GRIEVANCE NUMBER
--

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
  - b. DC-ADM 802-Administrative Custody Procedures
  - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

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80902

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Sharon Deleto</i>	FACILITY: <i>SCI Greene</i>	DATE: <i>04/08/04</i>
FROM: (INMATE NAME & NUMBER) <i>JERRICK RANKINE EU5850</i>	SIGNATURE OF INMATE: <i>Jerrick Rankine</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>RHU FID-9</i>	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Today I recieved a confiscation slip for 2(37) envelopes. These envelopes were sent to be for legal purposes or religious purposes by Brother Hohl. Please have the mailroom sent me my envelopes.

B. List actions taken and staff you have contacted, before submitting this grievance.

I check the inmate hand book and it clearly stated that I can recieved anything and all legal material, yet the mailroom is holding my envelopes. I would like to get my envelopes. I sent a request to the mail room and Captain Hall.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

S/A-GRN.001

Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
SCI GREENE  
OFFICE OF THE SUPERINTENDENT  
724-852-2902**

**April 5, 2004**

**SUBJECT:** Appeal of Rejected Grievance 80095

**TO:** Mr. Rankin EU 5850  
F Unit, D Pod

**FROM:**   
Louis S. Folino  
Superintendent

I am in receipt of your 04/04/04 appeal of the Grievance Coordinator's rejection of Grievance Number 80095. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 04/01/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

**Attach.:** Rejected Grievance Number 80095

**CC:** Deputies' Complex (1)  
CSA Grievance File at 80095  
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 80095.04-05-04)



415

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS	
GRIEVANCE Appeal # 80095		Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer)	2. Date:		
Superintendent Folino	04/04/04		
3. By: (Print Inmate Name and Number)	4. Counselor's Name		
DERRICK RANKINE EU5850	Mr. Ivan		
Derrick Rankine	5. Unit Manager's Name		
Inmate Signature	Captain Hall		
6. Work Assignment	7. Housing Assignment		
\$1500/day relief requested.	RHU FID-9		
8. Subject: State your request completely but briefly. Give details.			
<p>First, my name is Derrick Anthony Rankine; was always is always and will always be Derrick Anthony Rankine; you and your staff can continue to abuse me by disrespecting my father daily; but I will never, under any circumstances dishonor and disrespect my father; so you can continue to reject my grievance, without addressing the issues. The Court only rule that I must complete my Administrative Remedies. Not that you must resolve these grievances. So have fun.</p> <p>Second: the grievance officer did not discuss this grievance with me in violation of the 1<sup>st</sup>, 5<sup>th</sup>, 8<sup>th</sup> and 14<sup>th</sup> Amendments to the United States Constitution DC ADM 804 and CIO Stickle, Henderson and Blaker continues to deny, read and destroy my mail without my consent.</p> <p>Third: Even on 04/02/04, 04/03/04 CIO Stickle, Blaker and Henderson were at my cell door calling me "A F... King Faggot" "A F...ing Jamaican" denying me soap, toothpaste, ointment, pens, and threatening my life, which I believe you sent them to do. CIO Stickle came to my cell door on 04/02/03 on FID and told me "go and F... yourself" without provocation.</p> <p>On 04/03/04, I gave Sgt Santos three empty pens and CIO Henderson only gave me one pen to replace my three empty pens. This is the consistent type of abuse that I have been subjected since 04/20/04; without any provocation or justification; and you and Ms DeLotto have the nerve to reject my grievances. As long as you and your staff continues to abuse me, I will be filing grievances. So now you might be able to be do something for your paychecks.</p> <p>Respectfully Derrick Rankine</p>			
9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Sign

Date

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

80095

8

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <b>Sharon D. Eleto</b>	FACILITY: <b>SCI GREENE</b>	DATE: <b>03/31/04</b>
FROM: (INMATE NAME & NUMBER) <b>Derrick Rankine EU 5850</b>	SIGNATURE OF INMATE: <b>Derrick Rankine</b>	
WORK ASSIGNMENT: <b>\$1000 day relief requested and all my mails</b>	HOUSING ASSIGNMENT: <b>RHUFIB-7</b>	
INSTRUCTIONS: <b>Plus a permanent deprivation from CW Blaker and Bowen/Henderson.</b>		
<ol style="list-style-type: none"> <li>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</li> <li>2. State your grievance in Block A in a brief and understandable manner.</li> <li>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</li> </ol>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p><b>On 03/29/04, I gave CIO Cole 4 letters with 8 cash slips to be sent to the mail room. CIO Cole informed me that he signed my cash slip and placed my letters in the mail box. Now on 03/30/04 CIO Blaker return to me only two cash slips; when I asked for the other two cash slips, I was told that we have to work that out together by CIO Blaker.</b></p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p><b>I asked CIO Blaker for the next two cash slips and for my letters and I also asked to speak to the RHU Sgt. or Lt. to no avail. I pressed the emergency button and reported the above violation and I will be sending a request to the mailroom supervisor.</b></p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

FOR OFFICIAL USE ONLY

80421

GRIEVANCE NUMBER

DATE: April 5, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, D PodFROM: Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE  
DC-15



DC-804  
Part 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

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80421  
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <b>Sharon Deleto</b>	FACILITY: <b>SCI GREENE</b>	DATE: <b>01/02/04</b>
FROM: (INMATE NAME & NUMBER) <b>DERRICK RANKINE EU 5850</b>	SIGNATURE of INMATE: <b>Derrick Rankine</b>	
WORK ASSIGNMENT: <b>1500 day relief Requested</b>	HOUSING ASSIGNMENT: <b>Permanent Separation RHU FID-9</b>	
INSTRUCTIONS: <b>From CIO Stickle, Henderson and Blaker</b>		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>On 01/02/04 and 01/03/04 CIO Stickle, Henderson and Blaker came to my cell door and called me "A F---ing Faggot", said to me "You get no supplies you F---ing Jamaican". "We are not to even be at your cell door or speak to you, you F---ing Faggot" so how can we give you supplies, "Nigger". Every time you filed a grievance on us we get \$10 bonus; you F---ing Fool, so keep filing them. This is an example of what I have been subjected to since 01/20/04 consistently and continuously, because I refused to become an Abomination in the sight of God and man.</p> <p>SEMI FE SEMI FE Ranger All the way</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I attempted to inform Sgt. Santiago of this and he left the pod on 01/02/04 and 01/03/04. I informed Lt. Guyton of this on 01/03/04; while he was on the pod. On 01/03/04 Sgt. Santiago took my three empty pens and sent CIO Henderson with 1 pen, 1 toothpaste and I was given a shower without soap after 4 days.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

SEMI FE Ranger Delta 444 Ranger



DC-ADM 804, Inmate Grievance System

DC-804

Part 2

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001**



Attachment B

OFFICIAL INMATE GRIEVANCE  
INITIAL REVIEW RESPONSE

GRIEVANCE NO. 80422

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Rankine, Derrick EU-5850	SCI GREENE	FD-09	4-4-04

The following is a summary of my findings regarding your grievance:

I am in receipt of your grievance and have been assigned to investigate your concerns. You are alleging that the medical is denying you your medication (Nacin, Motrin) and that staff are ignoring your requests for emergency treatment.

I have received numerous request slips from you, none of them dealing with medical, medications, or emergency situations. Most of your request slips claim that staff are spitting in your food (You told me that since you were a chemist you could use salt as a test for spit). You further stated that ALL of the officers have made homosexual advances towards you (Both shifts) and that since you refused their advances, you were being denied items.

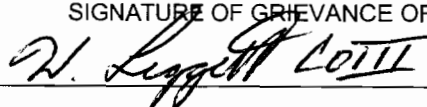
I have contacted medical concerning your allegations. You take Maxcide for High Blood Pressure (You retain this in your cell); You are dispensed Niacin (For Lowering cholesterol) Daily; and finally you can receive Benadryl As Needed. The Motrin which you mentioned was ordered for you for 4-5-04 through 4-10-04. You received it. You Niacin has never been denied to you.

As for the allegations concerning staff refusing to seek immediate medical attention, this is a falsehood. ALL inmates will be seen if they claim a medical emergency. However, a cash slip must be provided at the time of service. You state that you put in a sick call slip on the 30<sup>th</sup> and was seen on the 31<sup>st</sup>. That does not sound like a department that is denying you attention – it sounds like they are doing their jobs.

Nothing in the way of medical treatment or medication has been denied to you. I believe that you have a skewed sense of reality (I base this on the statements made in your request slips) and that possibly our psychology department can be of assistance to you. I will file a DC-97 form to them immediately – hopefully we can get you the assistance that you seem to be crying out for.

Since I have completely investigated ALL of your allegations and cannot find a shred of evidence which verifies any part of your story, I find that your grievance lacks any arguable basis in fact; I must therefore find it to be frivolous and deny it in full.

CC: Deputies  
Grievance Coordinator  
DC 15  
File

Print Name and Title of Grievance Officer W Leggett COIII	SIGNATURE OF GRIEVANCE OFFICER 	DATE 4-26-04
--	--	-----------------

DC-804  
Part 1

Health care

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

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80422

GRIEVANCE NUMBER

4/19

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 01/04/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$5000 day relief requested.	HOUSING ASSIGNMENT: RHU FID-9	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/28/04, I HAVE BEEN DENIED my Naicin and Motrin which CAUSED ME SEVERE chest pains and head aches; and when I asked to be taken to medical for these chest pains, Sgt. Conner told me "No, die".

This is another example that Superintendent Folino the medical staff, RHU staff and the grievance coordinator have been and is trying to murder me since 01/20/04 without provocation or justification. Since this is not the first or second or third I have been denied my medication and medical attention, and told to "die" by staff, when I seek emergency medical attention.

## B. List actions taken and staff you have contacted, before submitting this grievance.

I sent a sick call on 03/20/04 and was seen on 03/24/04 and told I have 5 refills left for the above medications yet I have received no medications as yet. I sent another sick call slip on 04/03/04 and constantly pressed the emergency button and I was told "we don't have time for your games"; when I am having severe chest pains.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

  
Signature of Facility Grievance Coordinator

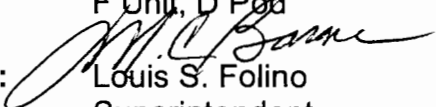
04/05/04  
Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
SCI GREENE  
OFFICE OF THE SUPERINTENDENT  
724-852-2902  
April 29, 2004**

**SUBJECT:** First-Level Appeal  
To Grievance Number 80422

**TO:** Mr. Rankin, EU-5850  
F Unit, D Pod

**FROM:**   
Louis S. Folino  
Superintendent

I am in receipt of your grievance number 80422 dated April 5, 2004; the Initial Review Response by Lieutenant Leggett, dated April 26, 2004; and your first-level appeal received in this office on April 28, 2004.

After evaluating the attached grievance issue, I find the review and response by the Grievance Officer will be upheld.

I find it is clear that the allegations you raised in your appeal are without foundation. Further, I find that if, as you say, you took all the Maxicide in your cell--for whatever reason--you are not compliant with medical orders and further risked your own well being by improper dosing.

To that end, your appeal is denied and I would request that Health Care review your record to determine if, in fact, you are an appropriate candidate for any type of self-medication.

Your appeal is denied.

LSF:tls

cc: Deputies  
Grievance Coordinator  
DC-15  
CHCA



GRIEVANCE APPER # 00422  
10 Superintendent Folino, SCT-GREENE  
From DERRICK RANKINE EU 5850 Derrick Rankine FD-9.  
First Lt REGGE never discussed this grievance with me and when  
I saw Lt REGGE on FID and attempted to speak to him he "RAN" off the  
pod. I have never sent a request slip to Lt REGGE and all of my request  
about the duplicable actions of CIO Henry, Coy, Thompson, Engelhardt and  
others were sent to Captain Hall.  
I never told Lt REGGE anything, since on 03/13/04 I was forced to  
DEE Captain Hall and Lt REGGE and denied my PRC hearing again.  
My wishes: YES I told Captain Hall that I am a Chemist and that if  
you mixed dirt with olive oil, it will produce a oily sheen, but at that time  
I was not asked anything about this grievance. Lt REGGE is a  
lie.  
I was not given my Maxide until 07/27/04 from 03/28/04. Neither  
do I have any medications in my cell, which is Johnson, Schmitt  
Blinker, Anderson, Coy and Cole can testify to do again. Lt REGGE  
is a liar or a fool. I was not given any Nicin or Benadryl from 03/  
28/04 to 04/09/04 and I had to take all my maxide to stop the  
itching in my body. YES I went back cell request on 03/30/04 and  
I was seen on 03/31/04, but I was given no medication, which Lt  
REGGE failed to place in his summary. So I have been constantly  
denied medical attention, medications, emergency medical attention  
and told to die by Sgt Conner, CIO Blinker, CIO Hendersen and CIO  
Sticks because I will not become a homo sexual.  
Since Lt REGGE is a liar and a fool, his investigation is no invest  
gation since he never discussed this grievance with me or asked  
me to show him the evidence to prove all my statements in my  
grievance. Also I was forced to see Captain Hall and Lt REGGE  
but denied my PRC hearing, which shows that Lt REGGE and Captain Hall  
have denied me my indigent packages for April 2004 and Rhu Smith  
continues to deny me grievances and requests to work, which is  
further proof that Captain Hall and Lt REGGE are covering up the truth.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

FOR OFFICIAL USE ONLY

80780

GRIEVANCE NUMBER

DATE: April 8, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850

F Unit, D Pod

FROM:

Sharon L. D'Eletto

Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. \_\_\_\_\_ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. \_\_\_\_\_ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. \_\_\_\_\_ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. \_\_\_\_\_ Group grievances are prohibited.
5.   X   **The grievance was not signed and/or dated.**
6. \_\_\_\_\_ Grievances must be legible and presented in a courteous manner.
7. \_\_\_\_\_ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. \_\_\_\_\_ Grievances based upon different events shall be presented separately.
9. \_\_\_\_\_ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. \_\_\_\_\_ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. \_\_\_\_\_ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. \_\_\_\_\_ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

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80780  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 04/07/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU 5850	SIGNATURE of INMATE: Demick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested.	HOUSING ASSIGNMENT: FID-9	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

SINCE 04/04/04 I WAS TAKEN OFF my benadryl without my consent or knowledge; without EVEN SEEING ME the medical staff HAVE NOW TAKEN ME OFF ALL my MEDICATION; WHICH CAUSES ME SEVERE HEADACHES chest and body pains with complete and SEVERE hitching and sleeplessness.

This is another attempt to murder me by the medical department, Sharon Deleto, RHU staff and Superintendent Folino, in an effort to silence me. I would like my medications resumed or to be sent to an outside hospital for medical attention.

B. List actions taken and staff you have contacted, before submitting this grievance.

I sent three medical requests and WAS SEEN three times by the medical; yet I HAVE NOT RECIEVED any medications or medical care SINCE 03/28/04 I WAS SEEN this morning and showed them the WEALS on my body, yet I RECIEVED NO medications NOR WAS I TAKEN to medical for any treatment. CC JUDGE BAXTER and A.G.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

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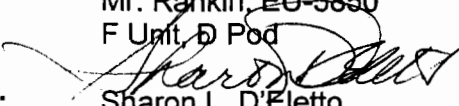
80781

GRIEVANCE NUMBER

DATE: April 8, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, D Pod

FROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_ Date.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☒ **The issue(s) presented on the attached grievance has been reviewed and addressed previously.**

Additional Comments: Refer to Grievance Number 80780.

SLD:tls

cc: FILE  
DC-15



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80781

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Sharon Deleto</i>	FACILITY: <i>SCI - GREENE</i>	DATE: <i>04/08/04</i>
FROM: (INMATE NAME & NUMBER) <i>DERRICK RANKINE EU5850</i>	SIGNATURE OF INMATE: <i>Derrick Rankine</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>RHU FID-9</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On Monday ~~and~~ Tuesday 03/05/04 and 03/06/04 the Nurse GAVE my medications to C/O STICKLES to GAVE to ME. I REFUSED to ACCEPTED this medication From C/O STICKLES, ~~since~~ C/O STICKLES is not a Nurse and continues to make homosexual demands on ME and I wanted to let C/O STICKLES know that I really find him despicable and would be grateful if C/O STICKLES would STAY AWAY From ME, ~~in~~ retaliation my medications were STOPPED claiming I refused my medications.

B. List actions taken and staff you have contacted, before submitting this grievance.

I DENT two sick call requests asking that my medication BE RESUMED (my Benadryl, Niacin, Motrin permanently). I PRESSED the EMERGENCY button all night on 04/08/04 asking to be taken to medical and during the day on 04/07/04, 04/06/04; yet I WAS DENIED all medical care and attention. I verbal informed the Nurse and staff that I was sick.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy



DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
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CAMP HILL, PA 17001-0598

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80781  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Sharon Delella</u>	FACILITY: <u>SCI-BRENS</u>	DATE: <u>04/08/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE EU5850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <u>RHU FID-9</u>	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On Monday ~~and~~ Tuesday 03/05/04 and 03/06/04 the Nurse GAVE my medications to C/O STICKLES to GAVE to ME. I REFUSED to ACCEPTED this medication FROM C/O STICKLES, BECAUSE C/O STICKLES is NOT A Nurse and continues to make homosexual demands on ME and I wanted to let C/O STICKLES know that I really find him despicable and would be grateful if C/O STICKLES would stay AWAY FROM ME, IN RETALIATION my medications were STOPPED claiming I refused my medications.

B. List actions taken and staff you have contacted, before submitting this grievance.

I DENT two sick call requests asking that my medication be resumed (my Benadryl), Niacin, Motrin permanently. I PRESSED the EMERGENCY button all night on 04/08/04 asking to be taken to medical and during the day on 04/07/04, 04/06/04, yet I WAS DENIED all medical care and attention. I verbal informed the nurse and staff that I was sick.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
SCI GREENE  
OFFICE OF THE SUPERINTENDENT  
724-852-2902  
April 14, 2004**

**SUBJECT:** Appeal of Rejected Grievance 80781

**TO:** Mr. Rankin, EU-5850  
F Unit, B Pod

**FROM:**   
Louis S. Folino  
Superintendent

I am in receipt of your 4/12/04 appeal of the Grievance Coordinator's rejection of Grievance number 80781. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 4/8/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

**Attach:** Grievance Appeal 80781

LSF/tls

**Cc:** Deputies  
CSA Grievance File at 80781  
DC-15 EU-5850

4/13

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS	
GRIEVANCE APPEAL 80781		Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) SUPERINTENDENT Polino		2. Date: 04/12/04	
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU 5850 Derrick Rankine Inmate Signature		4. Counselor's Name Mr. Ivan	
		5. Unit Manager's Name Captain Hall	
6. Work Assignment Permanent Separation From CLO Stickle		7. Housing Assignment FD 9 R HU	
8. Subject: State your request completely but briefly. Give details.			
<p>On Monday or Tuesday 03/05/04 or 03/06/04, the nurse gave my medications to CLO Stickle to give to me. I refused to accept this medication from CLO Stickle, since CLO Stickle is not a nurse and continues to make homosexuals demands to me and I wanted to make CLO Stickle know that I really find him and his demands despicable and would be grateful if CLO Stickle would stay away from me. In retaliation my medications were stopped claiming I refused my medications. Even on 04/11/04 CLO Stickle came to my cell door, pointed a finger at me and stated "I am going to Fr. you up your ass, Nigger." I intend to take this to the courts; so again, removed CLO Stickle from my environment.</p> <p>I sent two sick call requests asking that my medications be resumed (my benadryl, Niacin, Mestin permanently). I pressed the emergency button all night on 04/08/04 asking to be taken to medical and during the day on 04/07/04, 04/06/04, I was denied all medical care and Nurse and staff that I was sick.</p>			
<p>Respectfully Derrick Rankine Your Brother in Christ</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

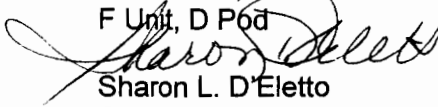
Staff Member Name \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
 Print Sign

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

DATE: April 8, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, D Pod

FROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

FOR OFFICIAL USE ONLY

80782

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. \_\_\_\_\_ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. \_\_\_\_\_ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. \_\_\_\_\_ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. \_\_\_\_\_ Group grievances are prohibited.
5.  X  **The grievance was not signed and/or dated.**
6. \_\_\_\_\_ Grievances must be legible and presented in a courteous manner.
7. \_\_\_\_\_ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. \_\_\_\_\_ Grievances based upon different events shall be presented separately.
9. \_\_\_\_\_ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. \_\_\_\_\_ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_ Date.
11. \_\_\_\_\_ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. \_\_\_\_\_ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE  
DC-15



DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

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80782

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 01/07/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$10.53/day relief requested	HOUSING ASSIGNMENT: RHU F10-9	
<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> <li>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</li> <li>2. State your grievance in Block A in a brief and understandable manner.</li> <li>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</li> </ol>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>Since 01/20/04 to now RHU STAFF have been trying to murder me by tampering with my meals, because they know that I am diabetic. SGT. CONNER For example on Sunday I was given a tray with 6 sugars and spit in my coffee and juice by CLO COY and HENRY. THE SAME ON Monday. On Tuesday I was given a tray with 8 sugar and spit in my coffee and juice by CLO HENRY and COY. Today I was given a tray with 4 sugars and a piece of cake that was broken in two and spitted on all over by CLO COY and HENRY. I would like a permanent separation from all the above STAFF members.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I pressed the emergency button and asked to see the RHU Lt or Captain and I was told by Sgt. Tanner to shout the "F--- up" by Sgt. Tanner, on 01/06/04 this shows that Sgt. Tanner approves of the above despicable acts; and that SGTs Tanner and Conner knows of these actions.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
SCI GREENE  
OFFICE OF THE SUPERINTENDENT  
724-852-2902  
April 14, 2004**

**SUBJECT:** Appeal of Rejected Grievance 80902

**TO:** Mr. Rankin, EU-5850  
F Unit, D Pod

**FROM:**

  
Louis S. Folino  
Superintendent

I am in receipt of your April 12, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 80902. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated April 8, 2004.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

**CC:** Deputies  
CSA Grievance File at 80902  
DC-15 EU-5850

4/13

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
GRIEVANCE APPEAL # 80902			
1. To: (Name and Title of Officer) Superintendent Folino	2. Date: 01/12/04		
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU 5850 Derrick Rankine Inmate Signature	4. Counselor's Name Mr. Ivan	5. Unit Manager's Name Captain Hall	
6. Work Assignment	7. Housing Assignment RHU Flb 9		
8. Subject: State your request completely but briefly. Give details. On 01/08/04 I RECEIVED A CONFISCATION slip for 2 (H20) ENVELOPES. THESE ENVELOPES WERE SENT TO ME FOR LEGAL PURPOSES OR RELIGIOUS PURPOSES by Brother Hohl. I checked the inmate handbook and it clearly stated that I CAN RECEIVE anything in the mail for legal purposes. yet the mail room is holding these envelopes in an effort to deny me access to the court and further obstruct the due administration of justice in state court. I would like to obtain these envelopes forthwith. I received confirmation from both the Court of Common Pleas and the Superior Court of Pa. that my commitment name is DERRICK RANKINE. That is DERRICK RANKINE and that my name was always DERRICK RANKINE. Today, while you was on Flb pod I called you three times to show you these documents and you ran off the pod. I would like a face to face conference on these issues. Respectfully, Derrick Rankine			
To DC-14 CAR only <input type="checkbox"/>			
To DC-14 CAR and DC-15 IRS <input type="checkbox"/>			

Staff Member Name \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
Print Sign

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80902  
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Delella	FACILITY: SCI Greene	DATE: 01/08/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU5850	SIGNATURE OF INMATE: Jerrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU FIP-9	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Today I recieved a confiscation slip for 2 (37) envelopes. These envelopes were sent to be for legal purposes or religious purposes by Brother Hohl. Please have the mailroom sent me my envelopes.

B. List actions taken and staff you have contacted, before submitting this grievance.

I check the inmate handbook and it clearly stated that I can recieved anything and all legal material, yet the mailroom is holding my envelopes. I would like to get my envelopes. I sent a request to the mail room and Captain Hall.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000



COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF CORRECTIONS  
 OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
 SCI-GREENE

FOR OFFICIAL USE ONLY

81096

GRIEVANCE NUMBER

DATE: April 13, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, D PodFROM: Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

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81096  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <b>Sharon DeLo</b>	FACILITY: <b>SCI GREENE</b>	DATE: <b>01/12/04</b>
FROM: (INMATE NAME & NUMBER) <b>DERRICK RANKINE EL 5850</b>	SIGNATURE OF INMATE: <b>Derrick Rankine</b>	
WORK ASSIGNMENT: <b>\$1000/day relief requested and permanent</b>	HOUSING ASSIGNMENT: <b>RHY FID-9.</b>	
INSTRUCTIONS: <b>SEPARATION FROM CIO BLAKER, STICKLES AND HENDERSEN</b> 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>On 01/12/04, CIO HENDERSEN, BLAKER and STICKLES came to my cell door and threatened to kill me. CIO STICKLES then point a finger at me, and said "I want to and is going to fuck you up the ass" Nigger. For filing all this grievances on me. AFTER "WE MADE AN AGREEMENT"</p> <p>Request personal conference with Superintendent Folino, PRC and Captain Hall, plus I would like to file criminal charges against CIO STICKLES, HENDERSEN, BLAKER and Engelhardt.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I HAVE REPEATEDLY and CONTINUOUSLY ASKED FOR A SEPARATION FROM CIO STICKLES, BLAKER, and HENDERSEN and now ENGELHARDT to NO AVAIL. It is my contention that Superintendent Folino, and Captain Hall ORDERED THESE RETALIATORY acts - I would like a permanent separation from CIO Henry, BLAKER, HENDERSEN and ENGELHARDT.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

FOR OFFICIAL USE ONLY

81098

GRIEVANCE NUMBER

**DATE:** April 13, 2004

**SUBJECT:** Grievance Rejection Form

**TO:** Mr. Rankin, EU-5850  
F Unit, D Pod

**FROM:** Sharon L. D'Eletta  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE  
DC-15



DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

81098  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 01/12/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU FID-9	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Today I was given a tray with 5 sugars, and a cup of coffee loaded with spit by C/O Johnson and C/O Henry. This is a continuous conduct by RHU staff from January 30, 2004 to the present time, in retaliation for me informing Judge Baxter and the Attorney General of the conditions under which I was being held. I would like a face to face conference with the Superintendent and the members of the PRC, and Captain Hall; to resolve this grievance.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Mr. Ivan, Lt. Guyton, Lt. Mitchell and Deputy Jackson on 01/12/04 of the above. I attempted to inform Superintendent Folino of the above during inspection on 01/12/04 but he ran off the pod; since he knew about the above conduct and ordered the above behavior. I also asked C/O Johnson and Henry for a different tray and cup and they refused to

Your grievance has been received and will be processed in accordance with DC-ADM 804. exchanged

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

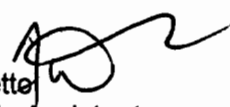
FOR OFFICIAL USE ONLY

81099

GRIEVANCE NUMBER

DATE: April 13, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, D PodFROM: Sharon L. D'Elette   
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

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81099  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <b>Sharon Deleto</b>	FACILITY: <b>SCI-GREENE</b>	DATE: <b>01/12/04</b>
FROM: (INMATE NAME & NUMBER) <b>DERRICK RANKINE EU5850</b>	SIGNATURE OF INMATE: <b>Derrick Rankine</b>	
WORK ASSIGNMENT: <b>\$105/day relief requested.</b>	HOUSING ASSIGNMENT: <b>RHU FID-9</b>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Today 01/12/04, I asked Deputy Jackson, Lt. Gayton and Lt. Mitchell, C/O Piper, C/O Bowlin and Sgt. Grego for a replacement pen, a pillow, a toothpaste, a soap and 2 towels, and they all refused to give me these supplies, plus the use of a stapler.

Personal Conference Requested with Superintendent Polino and Deputy Jackson/PRC.

B. List actions taken and staff you have contacted, before submitting this grievance.

I borrowed this pen from another inmate to write this grievance. I also sent 5 requests asking for the above supplies and the use of a stapler. I informed Mr. Ivan on 01/06/04 and on 01/12/04 to no avail. I also repeatedly and continuously asked for these supplies since 01/20/04 to no avail from RHU staff.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

  
Signature of Facility Grievance Coordinator

  
Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

DC-804

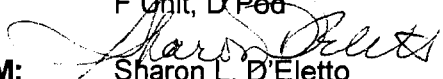
Part 3

CO. COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF CORRECTIONS  
 OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
 SCI-GREENE

**DATE:** April 19, 2004

**SUBJECT:** Grievance Rejection Form

**TO:** Mr. Rankin, EU-5850  
 F Unit, D Pod

**FROM:**   
 Sharon L. D'Eletto  
 Superintendent's Assistant

FOR OFFICIAL USE ONLY

81607

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
  - b. DC-ADM 802-Administrative Custody Procedures
  - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE  
 DC-15



DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

81607

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Sharon Delella</u>	FACILITY: <u>SCI-GREENE</u>	DATE: <u>01/16/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE (AKA RANKIN)</u>	SIGNATURE of INMATE: <u>Derrick Rankine AKA Rankin</u>	
WORK ASSIGNMENT: <u>RELIEF REQUESTED</u>	HOUSING ASSIGNMENT: <u>RHD EID-9</u>	

INSTRUCTIONS: Supplies upon request 12 requests, 5 grievances.

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 01/14/04, I asked CIO Schnap for 12 requests to staff & grievances. He did call requests with four cash slips and Schnap refused to give me any of the above supplies, claiming that "you are on paper restriction and meal restrictions until you do the right thing". This is an example of the behavior of staff since 01/20/04 to the present time; both on the morning and evening shift.

B. List actions taken and staff you have contacted, before submitting this grievance.

I sent a request to the Superintendent and Captain Hall. Yet this behavior continues. I even spoke to Captain Hall and Lt. Reggett about this behavior and staff spitting in my meals; removing sugar from my trays on 03/13/04. Yet these behaviors by staff continues. Today 01/17/04, I asked CIO Henry for 12 requests to staff and 4 grievances yet I was not given these supplies.

Signature of Facility Grievance Coordinator

Date

CO' NWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF CORRECTIONS  
 OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
 SCI-GREENE

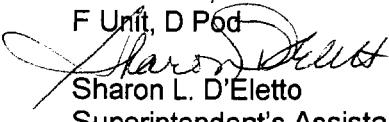
FOR OFFICIAL USE ONLY

81647

GRIEVANCE NUMBER

DATE: April 19, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, D PodFROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
  - b. DC-ADM 802-Administrative Custody Procedures
  - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☒ **The issue(s) presented on the attached grievance has been reviewed and addressed previously.**

**Additional Comments: Refer to Grievance Number 81607.**

SLD/djk

CC: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

81647  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 01/17/04
FROM: (INMATE NAME & NUMBER) Derrick RANKINE EU5850; AKA RANKIN	SIGNATURE of INMATE: Derrick Rankine (Rankin AKA)	
WORK ASSIGNMENT: 8155day Relief request plus 12	HOUSING ASSIGNMENT: RHU FID.9	

INSTRUCTIONS: GRIEVANCES and REQUESTS

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 01/20/04, RHU STAFF HAVE BEEN ABUSING ME WITHOUT PROVOCATION OR JUSTIFICATION; I WOULD LIKE THIS TO STOP FROM 01/20/04.

For example on 01/14/04 and 01/15/04, C/O Schnap called me "A liar", "A dumb Nuts", "A bitch" and "A Faggot" without any provocation or justifications. Now I NEVER spoke to C/O Schnap once from 01/20/04; until C/O Schnap spoke to me on 01/14/04 and 01/15/04; AWAY FROM ASKING FOR MY SUPPLIES.

PERSONAL CONFERENCE WITH PRC AND SUPERINTENDENT FOLINO REQUESTED.

B. List actions taken and staff you have contacted, before submitting this grievance.

I ASKED C/O Schnap to LEAVE ME ALONE and I also told C/O Schnap that I am NOT a Father who molested him when he was a child; so he was mistaken about me being "A Faggot" or "A bitch"; SINCE I WAS NEVER ACCUSED OF MOLESTING any children in my ENTIRE LIFE. TELL your STAFF to GIVE ME my SUPPLIES and LEAVE ME ALONE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

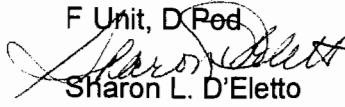
Revised  
December 2000

CO. **COMMONWEALTH OF PENNSYLVANIA**  
**DEPARTMENT OF CORRECTIONS**  
**OFFICE OF THE SUPERINTENDENT'S ASSISTANT**  
**SCI-GREENE**

**DATE:** April 19, 2004

**SUBJECT:** Grievance Rejection Form

**TO:** Mr. Rankin, EU-5850  
F Unit, D Pod

**FROM:**   
Sharon L. D'Eletto  
Superintendent's Assistant

FOR OFFICIAL USE ONLY

81648

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
  - b. DC-ADM 802-Administrative Custody Procedures
  - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE  
DC-15



DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

8/648  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon DELEHO	FACILITY: SCI GREENE	DATE: 04/17/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU 5850	SIGNATURE OF INMATE: Jerrick Rankine	
WORK ASSIGNMENT: \$1000 RELIEF requested.	HOUSING ASSIGNMENT: RHU FID-9	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 04/13/04 CIO Coy and Thompson came to my cell door and said "Get dress" you have a visitor. When I asked who was my visitor I was told a visitor then Captain Hall. Now I just file a Law Suit against Captain Hall, and so I refused to see much less speak to Capt ain. Sgt. Tanner came to my cell door with CIO Coy and ordered me out of my cell to go to PRC hearing, but I was taken to the Law Library where I was forced to speak to Captain Hall and Lt. Leggett while CIO lied to PRC that I refused to attend my PRC hearing. Personal conference with PRC and the Superintendent requested.

## B. List actions taken and staff you have contacted, before submitting this grievance.

I sent a request to the Superintendent to inform him of the above and a request to PRC. I tried to inform Lt. Leggett of the above on 04/14/04 but he ran off the pod. Now, I am not receiving any mails from the outside which is unusual. PLEASE INVESTIGATE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

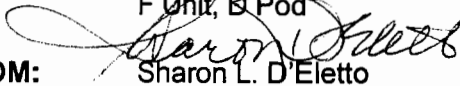
Date

CO' ONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

DATE: April 26, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, B Pod

FROM:   
Sharon L. D'Eletto  
Superintendent's Assistant

FOR OFFICIAL USE ONLY 82217 GRIEVANCE NUMBER
--

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ ~~Grievances based upon different events shall be presented separately.~~
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.  
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD:ack

cc: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

82217

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>SCI GREENE</i>	FACILITY: <i>SCI GREENE</i>	DATE: <i>01/24/04</i>
FROM: (INMATE NAME & NUMBER) <i>DERRICK RANKINE EU 5850</i>	SIGNATURE OF INMATE: <i>Derrick Rankine</i>	
WORK ASSIGNMENT: <i>Permanent Separation From CIO Blaker</i>	HOUSING ASSIGNMENT: <i>RHU FID-9</i>	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 01/24/04, during the dinner period CIO Blaker and Sgt Santoyo came to my cell door and CIO Blaker said to me "I am going to get you in the Cranium" I am going to shoot you in the cranium. All of this was said to me without provocation or justification. CIO Blaker then made three to four strikes to my cell door and called me "Richard Cranium" without provocation or justification. At this point, I will again ask for a permanent separation from CIO Blaker, Henry, Coy Bowlin, Stickles Hendersen, Stephen, Rausenwinder and Manberry.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt Santoyo of CIO Blaker's threats and pressed the emergency button to report these threats of CIO Blaker. Sgt Santoyo then went CIO Blaker on three to four occasions to threatened my life. I also check the inmate handbook to see if staff must speak or called or threatened inmates during the performance of their jobs.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE SUPERINTENDENT'S ASSISTANT  
SCI-GREENE

DATE: April 26, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850  
F Unit, D Rod

FROM: Sharon L. D'Eletto  
Superintendent's Assistant

FOR OFFICIAL USE ONLY
82218
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
  - b. DC-ADM 802-Administrative Custody Procedures.
  - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ ~~Grievances based upon different events shall be presented separately.~~
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_ Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD:ack

cc: FILE  
DC-15



DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

82218  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>SCT GREENE</u>	FACILITY: <u>SCT GREENE</u>	DATE: <u>01/23/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE EU 5850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT: <u>85000 RELIEF REQUESTED</u>	HOUSING ASSIGNMENT: <u>RHU FID-9</u>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

In retaliation for refusing to have a homosexual relationship with Clo Henry, Stickles, Hendersen Blaker Stephen, Manberry, and Rausenwinder, Filing justifiable grievances and refusing to withdraw my appeal and law suits; Clo Bowlin slapped me in my head while both my hands were handcuffed behind my back in the presence of all the inmates on FID and Clo Cole, Blaker and Anderson; this caused me severe headache was humiliating and embarrassing as all the inmates were laughing at me. Especially Inmate Hughes in FID 10 at evening. I was also unable to sleep all night because of this headache and embarrassment and humiliation.

B. List actions taken and staff you have contacted, before submitting this grievance.

I pressed the EMERGENCY button and asked to be taken to medical and to speak to Captain Hall or the RHU Lt. I would like a permanent separation from Sgt. Santoyo, and Tanner, Clo Blaker, Hendersen, Stickles, Bowlin, Henry, Stephen, Rausenwinder, and Manberry.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

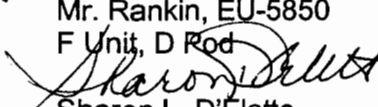
Signature of Facility Grievance Coordinator

Date

**DATE:** May 6, 2004

**SUBJECT:** Grievance Rejection Form

**TO:** Mr. Rankin, EU-5850  
F Unit, D Rod

**FROM:**   
Sharon L. D'Eletto  
Superintendent's Assistant

FOR OFFICIAL USE ONLY 83124 GRIEVANCE NUMBER
--

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
  - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
  - b. DC-ADM 802-Administrative Custody Procedures
  - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until \_\_\_\_\_.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC: FILE  
DC-15

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

83124

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <b>SCI-GREENE</b>	FACILITY: <b>SCI-GREENE</b>	DATE: <b>05/01/04</b>
FROM: (INMATE NAME & NUMBER) <b>DERRICK RANKINE EU 5850</b>	SIGNATURE OF INMATE: <i>Derrick Rankine</i>	
WORK ASSIGNMENT: <b>RELIEF REQUESTED PERMANENT SEPARATION FROM HENRY</b>	HOUSING ASSIGNMENT: <b>RHU FID-9</b>	
INSTRUCTIONS: <b>BLAKER, STICKLES, HENDERSON and Bowlin</b>		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>On May 1, 2004, I asked CIO Henry for 12 requests to staff and grievances. and CIO Henry told me "you get nothing until you withdraw all law suits and become a homo sexual."</p> <p>CIO Henry then gave me 2 grievances and 2 requests to staff. This is the type of behavior which have been occurring since January 20, 2004; and I did not know that there are requirements before inmates can get the necessary supplies to complete their administrative remedies in the D.O.C. This is a clear example that Rhu staff is doing something wrong in the Rhu and are trying to cover-up the criminal conduct.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I checked the inmate handbook and there are no pre requisites for getting D.O.C. supplies; so I will not become a faggot or withdraw my law suit against SCI-GREENE, Albion or Somerset or my criminal appeals. I would like to get the above supplies, a toothpaste and a soap.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000